

Jorge A. Saravia MD
Clinical History

Date		
Patient's Name	Date of Birth	Age
Spouse's Name		
Chief Complaint. Current condition. What brings you to our office today?		
How long have you had this condition? When did you first notice it?		
Do you know what could have caused it? How did it happen?		
Prior treatments for this condition? If so, what was the treatment and did it help?		
What makes your condition better? What makes it worse?		

Illness	Yes	No	Age	Describe
Diabetes				
Hypertension				
Meningitis				
High Fever				
Ear Infections				
Allergies				
Convulsions				
Head Injuries				
Other illnesses				
Hospitalizations				
Surgeries				
Other				

